TABLE 8
PM 200-110 STUDY NO. 304

### AVERAGE DAILY DOSE (mg) BY STUDY WEEK

### VALID AND PARTIALLY VALID PATIENTS

Treatment	Neek 1	Neek 2	Week 3	Neek 4	Week 5	Week 6	Week 7	Neek 8	Week 9	Neek 10
PN 200-110										
n	42	41+	42	40	40	40	39+	40	37	36+
Mean	4.9	4.9	8.1	8.8	10.2	10.5	11.9	11.7	11.8	11.8
S.D.	0.46	0.41	2.46	2.45	3.72	3.88	5.20	5.17	4.94	5.00
Min	3.2	3.8	4.3	4.6	4.3	4.7	4.6	4.3	4.7	5.0
Max	5.8	6.1	11.4	14.4	17.5	18.9	22.5	20.0	20.0	20.0
Propranolol	}									
N	42	42	41	38	37	36	32	31	31	31
Mean	120.1	122.8	197.6	201.0	266.9	279.9	334.9	328.3	337.7	329.5
s.D.	9.63	21.64	76.97	60.28	105.53	99.59	142.96	142.16	149.97	145.94
Min	100.0	100.0	100.0	97.5	105.0	102.9	111.4	111.4	111.4	<del>9</del> 7.5
Max	160.0	240.0	480.0	308.6	531.4	420.0	480.0	480.0	574.3	480.0

<sup>\*</sup>Patient No. 312 failed to return the medication bottles for Weeks 2, 7 and 10 so his average daily dose could not be determined for these time periods.

TABLE 9
PN 200-110 STUDY NO. 304

# SUMMAY COMPARATIVE RESULTS FOR TREATMENT X INVESTIGATOR, TREATMENT X TIME, AND TREATMENT X TIME X INVESTIGATOR INTERACTIONS FOR THE PLATEAU PERIOD - VALID PATIENTS

Variable	Variable Investigator		Baseline Mean (Sample Size)		Mean Change From Baseline		Treatment X Time Interaction	Treatment X Time X Investigator Interaction
		rid 200-110	Propranolol	PN 200-110	Propranelal	p-value	b-Asj m	p-value
Sitting Systolic	A	140.2 (13)	142.0 (11)	-14.12	-13.34	0.065(*)	0.512	0.531
6.P. (as Hg)	В	161.2 (13)	163.6 (11)	-24.19	-7.57			ł
	C	141.3 (11)	<b>45.1 (9)</b>	-12.84	-13.00			
Sitting Diastolic		104.5 (13)	102.9 (11)	-18.23	-10. 16	0.212	0.817	0.316
B.P. (mm Hg)	В	100.1 (13)	100.8 (11)	-14.44	-7.18		3.0.,	
	C	101.2 (11)	100.2 (9)	-13.33	-13.11			
Sitting Pulse		81.4 (13)	76.3 (11)	5.04	-10.65	0.904	0.254	0,584
(beats/min)	В	76.8 (13)	76.6 (11)	3.98	-11.77			1
4	C	77.4 (11)	72.3 (9)	3.25	-10.46			ł

(\*)pc.10, \*pc.05, \*\*pc.01, \*\*\*pc.001

TABLE 10 PN 200-110 SYUDY NO. 304

## SUMMARY COMPARATIVE RESULTS FOR BLOOD PRESSURE AND PULSE WEEK 1 - VALID AND PARTIALLY VALID PATIENTS

			Base	l <i>i</i> .ne	Week 1		Adjusted	Treatmen	t Period
Variable	Treatment Group	No. of Patients	Mean	S.D.	Mean Change	S.D.	Mean Change <sup>+</sup>	Mean	s.D.
Sitting Systolic	PN 200-110	42	149.8	18.51	-9.3***	14.70		140.5	15.40
B.P. (mm Hg)	Propranolol	42	153.7	19.25	-7.0**	13.25		146.8	19.49
Sitting Diastolic B.P. (mm Hg)	PN 200-110	42	101.9	5.09	-8.8***	7.96	-9.0	93.2	7.92
D.F. (mm ny)	Propranolol	42	102.7	5.86	-6.7***	9.12	-6.5	96.0	9.15
Sitting Pulse (per min.)	PN 200-110	42	77.5	11.52	3.5* 7	9.81	4.0 -	1	12.08
(par man.)	Propranolol	42 .	74.7	8.09	-8.0***	8.89	~8.5		9.18

(\*)p<.10, \*p<.05, \*\*p<.01, \*\*\*p<.001

+Adjusted means presented only when the analysis of covariance assumptions were met.

TABLE 11 PN 200-110 STUDY NO. 304

#### SUMMARY COMPARATIVE RESULTS FOR BLOOD PRESSURE AND PULSE MEEK 2 - VALID AND PARTIALLY VALID PATTENTS

			Base	line	Week 2		<b>A</b> djusted	Treatmen	t Period
Variable	Trestment Group	No. of Patients	Mean	S.D.	Hean Change	S.D.	Mean Change <sup>†</sup>	Mean	8. D.
Sitting Systolic B.P. (mm Hg)	PN 200-110	42	149.8	18.51	-10.5***	12.65	-11.2	139.4	14.81
!	Propranolol	42	153.7	19.25	-7.9**	16.59	-7.1	145.9	19.91
Sitting Diastolic	PN 200-110	42	101.9	5.09	-8.9***	7.81	-9.1	93.1	8.17
B.P. (mm Hg)	Propranolol	42	102.7	5.86	-7.8***	10.97	-7.6	94.9	10.52
Sitting Pulse	PN 200-110	42	77.5	11.52	2.7	10.68	3.3 7.	80.2	11.32
(per min.)	Propranolol	42	74.7	. 8.09	-8.0*** _	7.81	-8.5 🔟	66.7	9.26

<sup>(\*)</sup>pc.10, \*pc.05, \*\*pc.01, \*\*\*pc.001

<sup>\*</sup>Adjusted means presented only when the analysis of covariance assumptions were met

TABLE 12 PN 200-110 STUDY NO. 364

## SUMMARY COMPARATIVE RESULTS FOR BLOOD PRESSURE AND PULSE MEEKS 1-6 - VALID AND PARTIALLY VALID PATIENTS

,		:	Base	line	Endpoint (Week	ks 1-6)	Adjusted	Treatmen	t Period
Variable	Treatment Group	No. of Patients	Mean	s.D.	Mean Change	S.D.	Mean Change <sup>+</sup>	Mean	S.D.
Sitting Systolic	PN 200-110	42	149.8	18.51	-18.9***	13.82		130.9	12.58
B.P. (mm Hg)	Propranolol	42	153.7	19.25	-9.7***	16.15	,	144.0	25.75
Sitting Diastolic	PN 200-110	42	101.9	5.09	-15.7***	9.10	-15.9	86.2	8.22
B.P. (mm Hg)	Propranolol	42	102.7	5.86	-9.0*** _	11.21	-8.8	93.7	11.78
Sitting Pulse	PN 200-110	42	77.5	11.52	3.4* 7.	8.56	3.8 7.	80.9	12.05
(per min.)	Propranolol	42	74.7	. 8.09	-12.3*** 🔟	6.71	-12.7 🔟	62.3	7.90

<sup>(\*)</sup>p<.10, \*p<.05, \*\*p<.01, \*\*\*p<.001

<sup>+</sup>Adjusted means presented only when the analysis of covariance assumptions were met.

TABLE 13 PN 200-116 STUDY ND. 304

#### SUMMARY COMPARATIVE RESULTS FOR VITAL SIGNS - OVER THE PLATEAU PERIOD (NEEKS 7-10) - VALID PATIENTS

Voriable	Tre-tment	No. of	Base	l ion	•	Mean Ch	ange At		Hean Over Hea	ks 7-10	Treatmen	t Portod
· · · · · · · · · · · · · · · · · · ·	Comp	Patients	<b>The see</b>	5.0.	Veck 7	Fock 8	Veek 7	Fook 10	Non Charge	S. D.	Mean	5. 9.
Sitting Systelle	Pi 200-110	37	147.9	17.17	-10.0	-14,3000	-16.2004	-10.2***	-17.3***	15.25	134.1	7.74
O.P. (om Ng)	Proprancial	21	150.5	10. 15	لد 9.000ء	-10.6***	-11.4***	-12.9***	-11.2000 -1	11.45	161.6	17.53
Sitting Diastelle	PH 200 110	37	101.9	5.35	-14.1*** -	-15.6000 -	-16.1*** -	-16.1***	-15.4*** =	7.42	87.6	5.04
D.P. (on Ng)	Frepranelel	31	101.4	5.43	لد 9,5•••	أ 9,7000	-10.0	.9.0	-10.0*** 🔟	8.51	93.4	6.00
Sitting Poins	PH 200-110	37	76.6	10.77	3.z(*) —	3.0(*) _	6.400 -1.	).9(*)	٠.٠٠٠ ٦.	8.92	Ø1.9	9.55
(per ain.)	Propranolal	91	75.2	8.77	الـ 10.000.	-10.6***	-11.)••• —	-11.8***	-11.0*** _	7.10	66.4	6.35

(\*)p<.10, \*p<.05, \*\*p<.01, \*\*\*p<.001

TABLE 14 PN 200-110 STUDY NO. 304

## SUMMARY COMPARATIVE RESULTS FOR BLOOD PRESSURE AND PULSE ENDPOINT OVER PLATEAU PERIOD (WEEKS 7-10)

### 'VALID AND PARTIALLY VALID PATIENTS

Variable	Treatment	No. of	Baseline		Endpo!	nt	Adjusted	1	Treatment Period	
	Group			S.D.	Hean Change	S.D.	Hean Change <sup>+</sup>	Hean	5.0.	
Sitting Systolic B.P. (mm Hg)	PN 200-110	40	150.0	18.85	-18.5***	16.77		131.5	14.77	
:	Progranolol	32	151.0	18.06	-13.3***	13.60		137.8	18.91	
Sitting Diestolic B.P.	PN 200-110	40	101.9	5.20	-16.1*** -	8.18	-16.1 -	85.8	7.29	
(em Hg)	Propranolol	32	101.7	5.67	-10.2***	8.57	-10.2	91.6	7.87	
iltting Pulse	PN 200-110	40	77.7	11.42	5.2*	12.41	5.8 -	83.0	12.87	
(per min.)	Propranolol	32	74.9	8.78	-11.8***	6.71	-12.5 -	63.1	8.15	

<sup>&#</sup>x27;4)p<.10, \*p<.05, \*\*p<.01, \*\*\*p<.001

Adjusted means presented only when the analysis of covariance assumptions were met.

TABLE 15 PN 200-110 STUDY NO. 304

## SUMMARY COMPARATIVE RESULTS FOR BLOOD PRESSURE AND PULSE ALL PATIENTS - ALL WEEKS

		No. of	Base	line	Endyo	int	Adjusted Mean	Treat Per	tment Lod
Variable	Treatment Group	Patients	Mean	S.D.	Mean Change	S.D.	Change+	Mean	S.D.
Sitting Systolic B.P.	PN 200-110	46	149.7	17.71	-18.6***	15.96		131.2	13.49
(mm Hg)	Propranolol	43	153.7	19.02	-11.7*** _	15.09		142.1	21.29
Sitting Diastolic B.P.	PN 200-110	46	101.6	5.10	-15.6*** 🗔	8.16	-15.8	86.0	7.08
(mma Hg)	Propranolol	43	102.6	5.82	-9.2*** _	9.53	اـ. ٥.٥-	93.3	10.05
Sitting Pulse	PN 200-110	46	76.6	11.47	5.3** -	12.15	5.7	81.9	12.90
(per min.)	Propranolol	43	74.7	8.00	-11.6*** _	7.71	-12.0 _	63.1	8.76

<sup>&#</sup>x27;')pc.10, \*pc.05, \*\*pc.01, \*\*\*pc.001

<sup>&#</sup>x27;Adjusted means presented only when the analysis of covariance assumptions are met.

TABLE 16

PN 200-110 STUDY NO. 304

MEYLY-OCCURRING PHYSICAL EXAM ABNORMALITIES

Treatment Group	Patient No.	Variable	Abnormality
PN 200-110	101	Eyes	Tiny bubbles on anterior lens
	103	Heart	Pounding sound: - Grade II systolic murmur, left sternal border
		Abdomen	Bruit over aorta
	108	Heart	Grade II soft systolic murmur, left sternal border (not noted on intial physical exam)*
		Extremities	2 <sup>+</sup> edema both legs
	109	Extremities	Trace to 1 <sup>+</sup> edema
	112	Eyes	Grade II A/V = 1/2, increased light reflex (not noted on initial physical exam)*
	155	Skin	Setorinea around nose and ear (not noted on initial physical exam)*
		Rectal	Prostrate enlarged 3X (Week -4 exam not done)
		Extremities	3° edema on ankles
	157	Heart	Loud Grade II-III blowing systolic murmur at apex
	213	Heart	Tachycardia possibly drug related
	253	Extremities	Trace pedal edema - bilaterally
	302	Eyes	0.U. arcus senilis (not noted on initial physical exam).
		Lungs	Increased A.P. chest dismeter (not noted on initial physical exam)*
		Back	Kyphosis (not noted on initial physical exam)*

<sup>\*</sup>Coded as a pre-existing abnormality.

## TABLE 16 (Continued)

### PN 200-110 STUDY NO. 304

### NEWLY-OCCURRING PHYSICAL EXAM ABNORMALITIES

Trestment Group	Patient No.	Variable	Abnormality
PN 200-110 (Continued)	304	Extremities	1 dema both lower extremities
	305	Ears, Nose, Throat	Chronic otitis - perforation (not noted on initial physical exam)*
	319	Abdomen	Old right lower quadrant
			surgical scar (not noted on initial physical exam)*
	354	Ears, Nose, Throat	White papillary excrescence in left canal obscuring TM
	357	Extremities	Trace pedal edema
Fropranolol	201	Heart	SEM 2/6 along left sternal border (not noted on initial physical exam but was recorded pre-study)*
	254	Lymph Nodes	Submandibular lymph nodes paipable, non-tender**
		Extremities	Swelling, tenderness around knees, ankles, wrists, both elbow joints - limitation of movement on both shoulders**
	311	Eyes	Old TM scars (not noted on initial physical exam)*
	315	Extremities	Knee surgery scar (not noted on initial physical exam)*

<sup>\*</sup>Coded as a pre-existing abnormality.

<sup>\*\*</sup>Coded as new non-drug related abnormality at Week -4 and Week 10.

TABLE 17 PN 200+110 STUDY NO. 304

### MEWLY-OCCURRING CARDIOVASCULAR ABNORMALITIES

Treatment Group	Patient Mo.	Variable	Week(s) of Occurrence	Abnormality
PN 200-110	101	Other	10	Ophthalmologic - "Tiny bubbles" on anterior lens OD - normal variation
	103	Heart	10	Murnur
		Abdomen	10	Abcuminal bruit
	106	Abdomen	4	Tenderness to palpation
		Other		Yaginal discharge/abdominal cram; ing
	108	Cough	4	Cough productive of clear sputum
		Palpitations	4	Jittery - 1 1/2 hour palpitations
		Heart	6, 8, 10	Grade III/VI systolic murmur - left sternal border to apex
		Abdomen	6, 8, 10	Abdominal bruit
		Extremities	1, 2, 4, 6, 8, 10	Non-pitting ankle/leg edema
	109	Palpitations	1	5 minutes of palpitations
	112	Heart	1, 2	Grade II/VI systolic murmur, lower left sternal border to apex
		Pulmonary Findings	1	fine rales - left lung base
	113	Extremities	1, 2, 4, 6, 8, 10	Pitting bipedal edema to lower 1/3 tibia
	115	Palpitations	1	Had palpitation after first dose of study drug ~ resolved spontaneously
	118	Heart	2, 4, 6,	Atrial gallop-lower left sternal border Grade II/VI systolic nurmur,
	155	Extremities	1, 2, 4, 6, 8, 10	Bipedal pitting edema to knee - increased from 1* on Week 1 to 4* on Week

## TABLE 17 (Continued) PN 200-110 STUDY NO. 304

### MEWLY-OCCURRING CARDIOVASCULAR ABNORMALITIES

Treatment Group	Patient No.	Va:iable	Week(s) of Occurrence	Abnormality
PN 200-110 (Continued)	157	Pulmonary Findings	8	Bibasilar end, expiratory wheeze
	160	Heart	6	Grade II.'vI systolic murmur, lower left sternal border
		Extremities	2, 4	Trace non-pitting bipedal edema
	202	Extremities	4	Slight increase in pre- existing edema
	205	Other	1, 2, 4	Symptoms of URI-improving at Week 4
:	207	Extremities	10	2 mm pitting edema; noted pre-study and on initial physical exam. Not noted at Week A and subsequent CV evaluations. However, was noted on final physical exam.
	210	Chest Pain Exertional	2	One angina episode in last week
		Orthopnea	1	Pillow orthopnea
	212	Cough	2	Cough secondary to URI
	213	Heart Exam	10	Tachycardia (Heart Rate = 120)
	216	Chest Pain Exertional Dysphea Exertion	8 8	Deterioration of angina Deteriorating dyspnea on exertion
	217	Other	8	Rattling in throat - ! Week
	224	Other	2	Dizziness lasting 30 minutes resolves spontaneously on sitting
l	253	Other	2, 4	Mild headaches

## TABLE 17 (Continued) PN 200-110 STUDY NO. 304

### MEMLY-OCCURRING CARDIDVASJULAR ASNORMALITIES

Treatment Group	Patient No.	ariable	Week(s) of Occurrence	Abnormality
PN 200-110 (Continued)	255	Extremities	1, 2, 4, 6, 8, 10	Pedal edema
	302	Heart Exam	1	Irregular beats - left axis deviation - non-diag- nostic ST T-wave changes, occasional premature nodal beats
	304	Abcomen	10	Trace 1* edema with vaso~ . dilated skin
	305	Extremities	1, 2, 4	Slight non-pitting ankle edema
	1	Other	10	Earache
		Other	10	Perforation right tympanic membrane
	309	Cough	2	Mild cough-secondary to sinus drainage
	316	Palpitations	1, 2, 4, 5, 8, 10	Mild pelpitations
	319	Palpitations	4, 6	Palpitation 30 minutes after taking medication lasts about 90 minutes
	355	Palpitations	1, 2	Palpitations start one hour post-dose - lasts several hours
		Other	1, 2	Appears flushed from neck up
Propranolol	104	Extremities Other	1	Slight pedal edema Clouded sensorium - 5 days
-	107	Extremities	8	Trace pedal edema bilaterally
	116	Extremities	4, 6	Trace pitting bilateral edema to lower 1/3 tibia
	117	Abdomen	8	Abdominal bruit

## TABLE 17 (Continued) PN 200-110 STUDY NO. 304

## NEWLY-OCCURRING CARDIOVASCULAR ABNORMALITIES

.restment Group	Patient Mo.	Variable	Week(s) of Occurrence	Abnormality
Proprancial (Continued)	152	Palpitations	8	3 minutes of pelpitations while sitting
		Extremities	6	Trace bilateral edema - foot/leg
	153	Extremities	1, 2, 4	Trace pitting edema bilaterally over tibia
		Other	4	Gout attack - previous history of gout
	158	Pulmonary Findings	4, 6	Rales in lungs - left and right base and upper lobes
	159	Extremities	4	Trace pitting edema to mid tibia
	209	Dyspnea Exertion	2	Mild shortness of breath (5-7 minutes) resolves spontaneously
<b>.</b>		Dyspnea Sitting	1, 2	Mild shortness of breath lasting 5 minutes each (multiple episodes)
		Dyspnea Supine	1, 2	Mild shortness of breath lasting 5 minutes each (multiple episodes)
		Other	2	Chest Pain - tightness of chest; mainly subcostal region
-	211	Dyspnea Exertion	4	2 blocks for past week - possibly due to uncon- trolled blood pressure
	214	Dyspnea Exertion Extremities	2, 4, 6, 7	3 blocks - improving Trace edema
		Other	4, 6	URI - Ringing in ears (possibly due to Tylenol)- resolved
	215	Other	•	Mild lower back spasm
	301	Palpitations	4	2-3x/week - after eating - less than 1 minute
1		Other	1, 2	Mild chest discomfort after esting

## TABLE 17 (Continued) PN 200-110 STUDY NO. 304

### MEWLY-OCCURRING CARDIOVASCULAR ABNORMALITIES

Treatment Group	Patient No.	Variable	Week(s) of Occurrence	Abnormality
Proprenolol (Cantinued)	306	Cough	1	Ory cough related to resolving URI
	311	Dyspnea Exertion	1	Shortness of breath - wheezing
		Dyspnea Sitting	1	Shortness of breath - wheezing
	l	Dyspnea Supine	1	Shortness of breath -
		Cyspnea Paroxysmal	1	wheezing Shortness of breath = wheezing
		Pulmonary Findings	1	Non-cardiac bronchospasm
	352	Other	8	Diarrhea
	356	Cough	1, 2	
		Dyspnea Exertion	2	Bronchitis past week - lung field clear

TABLE 18 PN 200-110 STUDY NO. 304

## CARDIOVASCULAR EXAMINATION NEWLY-OCCURRING ABNORMALITIES\*

Abnormality	Patient N (Weeks of Occ	No. of Patients With Newly-Occurring Abnormality/No. of Patients Normal of Initial Visit		
	PN 200-110	Propranolol	PN 200-110	Propranelal
Chest Pain Exertion	210 (2) 216 (8)		2/43	0/40
Dyspnea Exertion	216 (8)	209 (2) 211 (4) 214 (2,4,6,7) 311 (1) 356 (2)	1/38	5/40
Orthophea	210 (1)		1/44	0/43
Dysphea Sitting		209 (1,2) 311 (1)	0/46	2/43
yspnea Supine		209 (1,2) 311 (1)	0/45	2/43
Dysphea Paroxysmal		311 (1)	0/45	1/42
Caugh	108 (4) 212 (2) 309 (2)	306 (1) 356 (1,2)	3/43	2/41
Palpitations	108 (4) 109 (1) 115 (1) 316 (1,2,4,6,8,10) 319 (4,6) 355 (1,2)	152 (8) 301 (4)	6/45	2/43
Pulmonary Findings	112 (1) 157 (8)	158 (4,6) 311 (1)	2/44	2/41

<sup>\*</sup>Defined as an abnormality reported during the double-blind phase that was not present during the placebo washout or an abnormality (reported during the placebo phase) that worsened during the double-blind phase of the trial.

## TABLE 18 (Continued) PN 200-110 STUDY NO. 304

## CARDIOYASCULAR EVAMINATION NEWLY-OCCURRING ABNORMALITIES+

Abnormality	Patient N (Weeks of Occ		Newly-4 Abnormality/N	ients With courring o. of Patients nitial Visit
	PN 200-110	Propranolol	PN 200-110	Proprenolol
Heart Examination*	103 (10) 108 (6,8,10) 112 (1,2) 118 (1,2,4,6,8) 160 (6)		7/36	0/33
Abdomen	302 (1) 103 (10) 106 (4) 108 (6,8,10) 304 (10)	117 (6)	4/42	1/39
Extremities	108 (1,2,4,6,8,10) 113 (1,2,4,6,8,10) 155 (1,2,4,6,8,10) 160 (2,4) 202 (4) 207 (10) 255 (1,2,4,6,8,10) 305 (1,2,4)	116 (4,6) 152 (6) 153 (1,2,4) 159 (4)	8/28	7/38
Other	101 (10) 106 (4) 205 (1,2,4) 217 (8) 224 (2) 253 (2,4) 305 (10) 355 (1,2)	104 (1) 153 (4) 209 (2) 214 (4,6) 215 (4) 30: (1,2) 352 (8)	8/43	7/42
Total Number of Patients with at Least One Newly- Occurring Abnormality/ No. of Patients**	30/46	17/43		

<sup>\*</sup>Defined as an abnormality reported during the double-blind phase that was not present during the placebo washout or an abnormality (reported during the placebo phase) that worsened during the double-blind phase of the trial.

Fisher's = .0113

<sup>\*</sup>Chi-square = .0153

TABLE 33 (Continued)

### PM 200-110 STUDY NO. 302

#### ADVERSE REACTION LISTING

	Treatment P	Patient		V	eek And Severity	of	
	Gronb	No.	Adverse Reaction	First Occurrence	Lest Occurrence*	Worst Occurrence++	
	PN 200-110 (Continued)	415	Nasal Dryness Energy Decrease	4 - Mild 4 - Mild			
		418	Weight Gain Coordination, Diff/ Loss	4 - Moderate 2 - Mild	3 - Hild		
	Placebo	105	Chest Pain	2 - Moderate	4 - Moderate	•	
		107	Palpitation	4 - Hild			
		113	Flatulence	4 - Moderate		•	
•		115	Tinnitus	1 - Mild	4 - Mild		
•	· f	152	Dizziness	-3 - Mild			
		154	Constipation	2 - Hild			
		158	URI Coughing Headache	-2 - Wild 2 - Wild -3 - Moderate	-1 - Mild 3 - Mild		
		159	Back Ache/Pain, etc. Chest Pain	4 - Moderate -2 - Mild			
		202	Edema Cramps Leg/Feet Tingling	1 - Mild -2 - Mild -2 - Mild	4 - Mild		
		204	Dry Houth	5 - M7JQ	·		
		205	Diarrhea Dizziness	3 - Hild 2 - Hild	4 - Mild		
	1	1	1	1	1	1	1

<sup>\*</sup>Presented only if there is a multiple occurrence.

resented only if different from information recorded under first or last occurrence.

TABLE 33 (Continued)

### PN 200-1 10 STUDY NO. 302

### ADVERSE REACTION LISTING

1				Ve	ek And Severity	of	•
	Treatment Group	Patient No.	Adverse Reaction	First Occurrence	Lust Occurrence*	Worst Occurrence**	
	Flacebo (Continued)	252	Headache Hyperdipsia (Thirsty)	1 - Kild 3 - Mild			-
		254	Dizziness	-1 - HILD	3 - Mild		
		257	Throat Pain/Numb/Ache, etc. Headache	-2 - Mild 2 - Mild		•	
		302	Joint Pain Numbness	4 - Mild -2 - Moderate	4 - Moderate		-
	l	304	Back Ache/Pain, etc. Nasal Congestion	-2 - Moderate -1 - Mild	1 - Moderate	•	
;···	 Ž	306	URI with Cough Chest Pain Headache	-2 - Moderate -3 - Mild 3 - Moderate			
		307	Coughing Headache	1 - Mild -3 - Mild	2 - Mild 4 - Moderate	-1 - Moderate	
		312	He adache	-1 - Mild			
		313	Dizziness Chest Pain	2 - Hild 2 - Hild	3 - Mild	<u></u>	
		315	Cold Throat Discomfort Fatigue	-1 - Hild -3 - Hild -1 - Hild	2 - Mild 2 - Mild		
		352	Dizziness	-1 - Mild			
		356	Dizziness Dry Mouth	1 - Mild -3 - Mild	2 - Mild		
		357	Nausea Vomiting Headache	2 - Moderate 2 - Moderate 1 - Mild			

resented only if there is a sultiple occurrence.

<sup>\*\*</sup>Presented only if different from information recorded under first or last occurrence. 0290

TABLE 33 (Continued)

### PN 200-110 STUDY NO. 302

#### ADVERSE REACTION LISTING

	Treatment	Patient		A	Week And Severity Of				
	C.onb	No.	Adverse Reaction	First Occurrence	Last Occurrence*	Worst Occurrence++			
	Placebo	359	Arthritis	-2 - Mild	4 - Hild				
-	(Continued)		Chest Pain Edema	-3 - Mild 2 - Mild					
			Diarrhea	3 - M115	4 - M11d				
			Nausea	3 - M110 3 - M11d					
			Dizziness	-3 - Noderate	0 4114				
			Drowsy	1 - Mild	2 - Mild 4 - Mild				
			Fatigue	-1 - Mild					
			Headache	2 - M11d	1 - Mild	•			
			uesoscue	5 - MTTO	4 - Mild				
		361	Cold	-1 - Mild					
		1	Teeth Ache, Pain, etc.		4 - Moderate				
	I		Dizziness	4 - Mild	4 - 110001 1100	•			
			Drowsy	2 - Moderate	4 - Mild				
			Headache	-1 - Mild	4 - 1144				
	i		Nervousness	2 - Moderate	4 - Mild				
		403	Weight Gain	-3 - Moderate	-2 - Moderate				
	i	į.	Rash	-1 - Mild	2 - Wild				
	1		Impotence	3 - Mild	4 - Mild	!			
		}	Many Dreams	3 - Mild	4 - Mild				
			Headache	-1 - Mild					
		409	Weight Gain	-3 - Moderate	-2 - Moderate	•			
		414	Backache/Pain, etc.	3 - Moderate	4 - Mild				
	1	}	Coughing	4 - Hild					
		1	Dizziness	2 - M11d					
			Headache	1 - Mild					
		416	Headache	4 - Hild					
		417	Abdominal Discomfort	1 - Moderate					
	J	1	Nervousness	1 - Severe					
	1		Shakiness, Shaking	1 - Severe	<b>[</b>				
	1	I	Hyperhidrosis	1 - Severe	{				

<sup>\*</sup>Presented only if there is a multiple occurrence.

resented only if different from information recorded under first or last occurrence.

THELE 3A

PR 200-110 STUDY NO. 302

COPPMATIVE MOVERED MARTIN PRESIDENCES ADJUSTED FOR MISSIFINE STREETS

Body System	Took 1		Yesk 2		Yeak 3		Traph A		Graine Study Period*	
Writte Rosetian	(n = 49)	Placebo (n = 49)	FM 200-110 (n = 49)	Pirosbo (n = 46)	PH 200-110 (n = 42)	Placabo (n = 45)	PH 200-110 (n = 42)	Plampo (n = 45)	Pv 200-110 (n = 49)	Planto (n = 49)
Miscellandous Teeth Ache, Pain, etc. Meight Cein					1 (2.4)	1 (2.2)	1 (2.4)	1 (2.2)	2 (A,')	1 (2.0)
Skin Mouth Sores/Lilcors Rosh					1 (2.4) 1 (2.4)		1 (2.4)		1 (2.2) 1 (2.2)	
Maculo-Seletal Backsche/Pein Ara/Log Heavy/Tired Joint Pein Logs Ache/Pein					1 (2.4)	1 (2.2)	1 (2.4)	2 (4.4) 1 (2.2)	1 (2.2)	2 (4,1) 1 (2.0)
Respiratory Crest Congestion Coupling Nees Otyness		1 (2.0)	2 (4.1)	2 (4.2)	1 (2.4)	1 (2.2)	1 (2.4)	1 (2.2)	1 (2.2) 2 (4.1) 1 (2.0)	3 (6.1)
Cardiovercular Chest Pain Dyspres Edena Palpitations Techycardia	1 (2.0)	1 (2.0)	1 (2.0) 1 (2.0)	2 (4.2) 2 (4.2)	3 (7.1) 1 (2.4) 1 (2.4)	1 (2.2) 2 (4.4)	1 (2.4) 3 (7.1) 2 (4.8)	1 (2.2) 2 (4.4) 1 (2.2)	1 (2.2) 1 (2.0) 4 (8.2) 2 (4.1) 1 (2.0)	Ž (4.1) 2 (4.1) 1 (2.0)
reintestinal sminal Discomfort set ipetion sernee rlatulence Houses Stools, Loose	2 (4.1) 1 (2.0) 1 (2.0)	1 (2.0)	3 (6.1)	1 (2.1) 1 (2.1)		2 (4.4) 1 (2.2)	1 (2.4)	1 (2.2) 1 (2.2)	3 (6.°) 3 (6.°) 2 (4.°) 1 (2.0)	1 (2.0) 1 (2.0) 2 (4.1) 1 (2.0) 2 (4.1)
Voniting  trops/lial Oluresis Impotence Hocturia Pallakturia	1 (2.0)		1 (2.0)	1 (2.1)	1 (2.0)	1 (2.2)		1 (2.2)	1 (2.2) 1 (2.2) 1 (2.2)	1 (2.0)
Central Mervous System Coordination, Diff/Loss Dizzinas Energy Occrams Drowsy Meadache Many Otems Mervousness, Shakinas, Shaking Tinnitus	3 (6.1) 1 (2.0)	1 (2.0) 1 (2.0) 3 (6.1) 1 (2.0) 1 (2.0) 1 (2.0)	1 (2.0) 5 (10.2) 1 (2.0)	4 (8.3) 2 (4.2) 2 (4.2) 1 (2.1) 1 (2.1)	1 (2.4) 1 (2.4) 4 (9.5)	2 (4.4) 1 (2.2) 1 (2.2) 1 (2.2)	3 (7.1) 1 (2.4) 5 (11.9)	1 (2.2) 2 (4.4) 2 (4.4) 1 (2.2) 1 (2.2)	1 (2.0) 4 (8.2) 1 (2.0) 9 (18.4) 1 (2.0)	5 (10.2) 2 (4.1) 7 (14.3) 1 (2.0) 2 (4.1) 1 (2.0) 1 (2.0)
Autoromic Microus System Flushing Dry Houth Hyperhidrosis Hyperdipsis Visual Disturbance		1 (2.0)	1 (2.0)	1 (2.1)	1 (2.4)	1 (2.2)	1 (2,4)		1 (2.c) 1 (2.o) 1 (2.c)	1 (2.0) 1 (2.0) 1 (2.0)

\*pb.10 for each soverse reaction for comparing PM 200-110 to placebo (Fisher's Exact Test).

Figure 7 PN 200-110 STUDY #302 Supine Systolic BP Change from Baseline for All Valid Patients (D=77) Change in Supine Syure 9.P. (mmHg) -10 --15 Legend -20 × PN 200-110 + PLACEBO -25 3 Study Week

0293

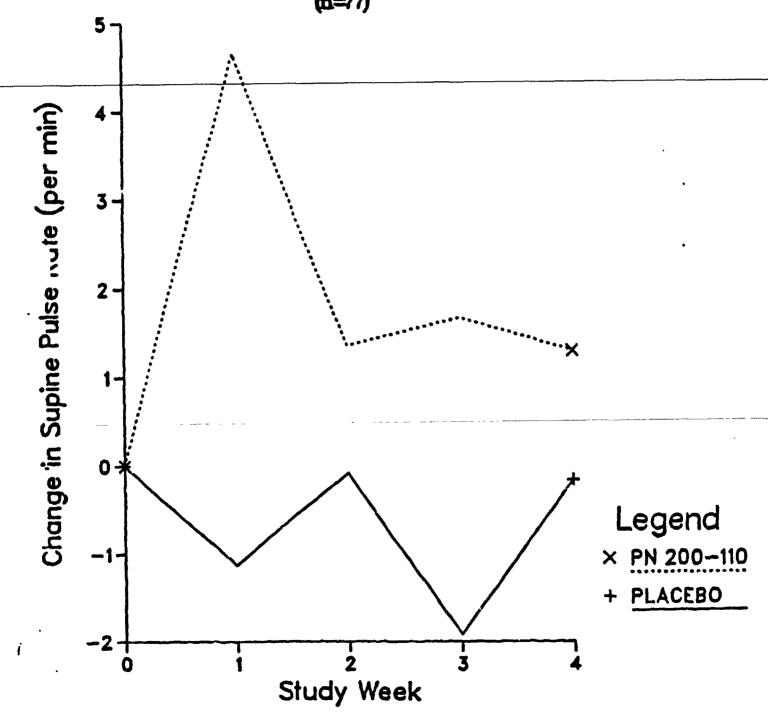
Figure 8 PN 200-110 STUDY #302
Supine Diastolic BP
Change from Paseline for All Valid Patients
(n=77) J.P. (mmHg) Change in Supine Diasto. -10 Legend -12 × PN 200-110 + PLACEBO

Study Week

0294

Figure 9

PN 200-110 STUDY #302
Supine Pulse Rate
Change from Baseline for All Valid Patients
(n=77)



0295

Figure 10 PN 200-110 STUDY #302 Standing Systolic BP Change from Baseline for All Valid Patients Change in Stand Sysio 3.P. (mmHg) 10 -15 Legend × PN 200-110 **PLACEBO** -20<del>+</del> Study Week 0296

Figure 11

PN 200-110 STUDY #302
Standing Diastolic BP
Change from Baseline for All Valid Patients
(n=77)

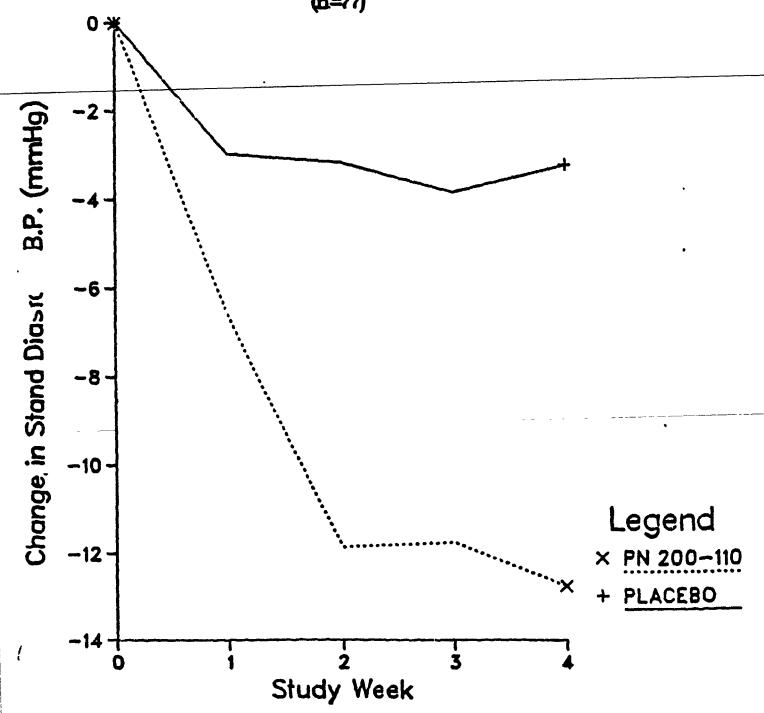
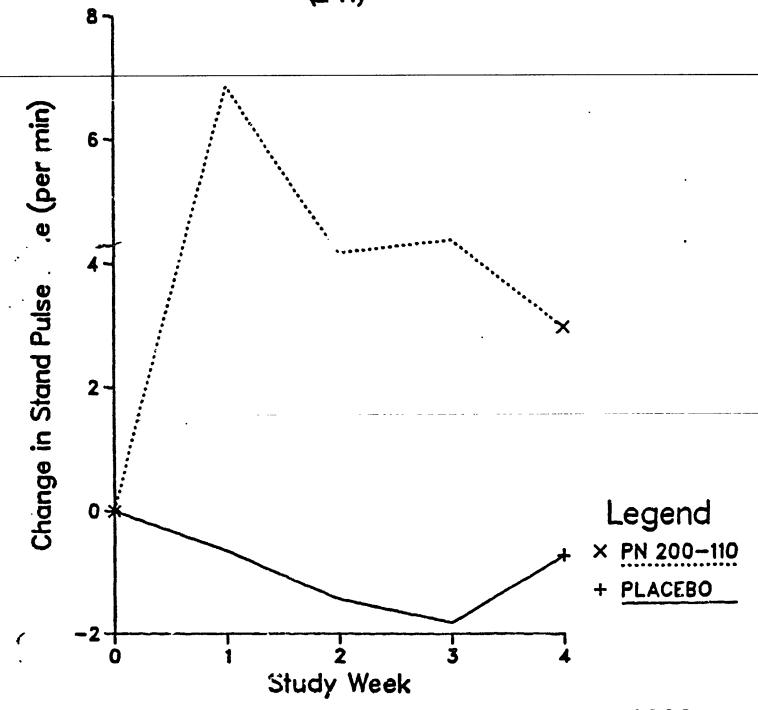
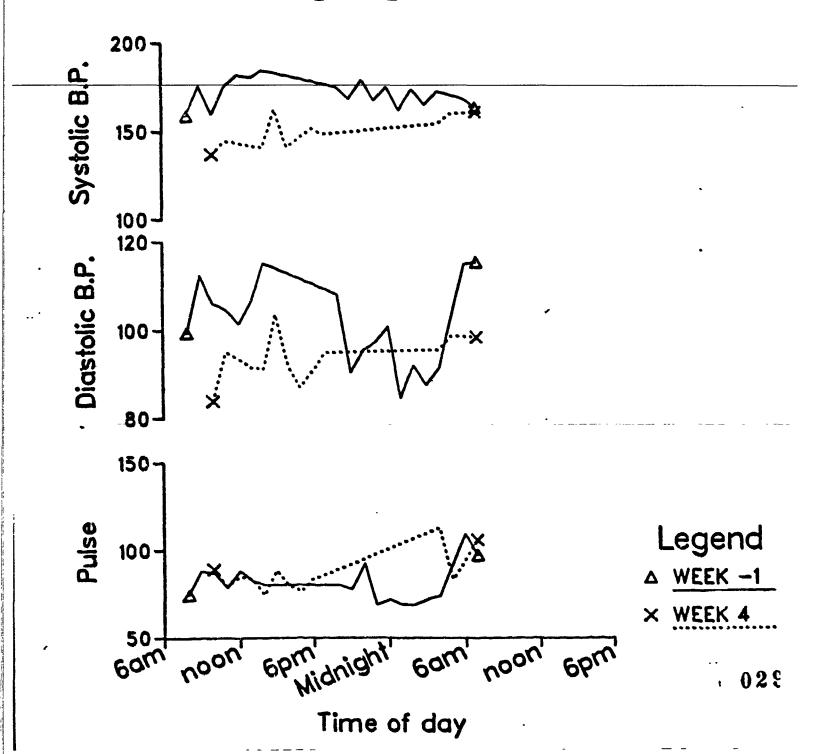


Figure 12

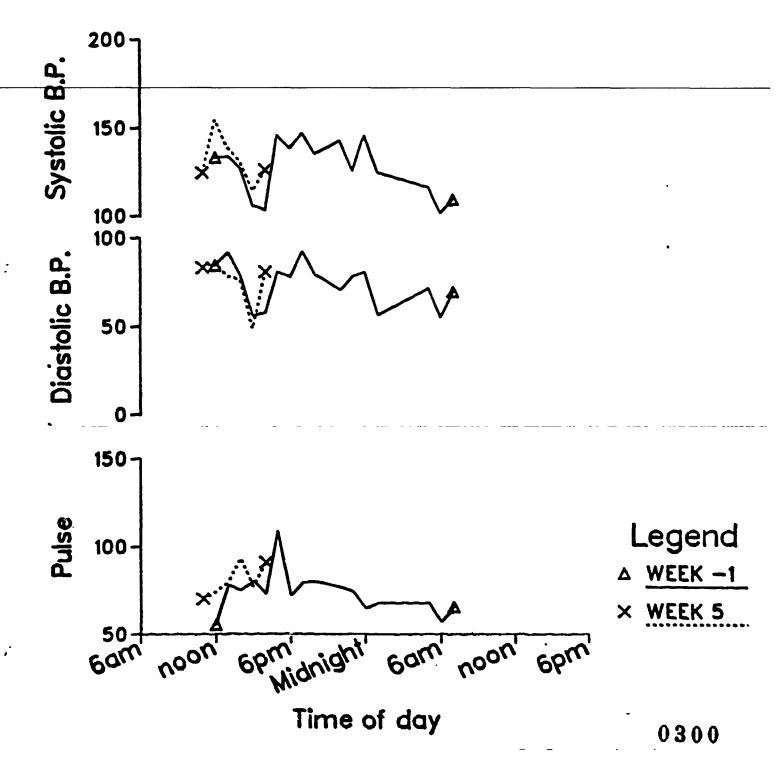
PN 200-110 STUDY #302
Stancing Pulse Rate
Change from Baseline for All Valid Patients
(n=77)



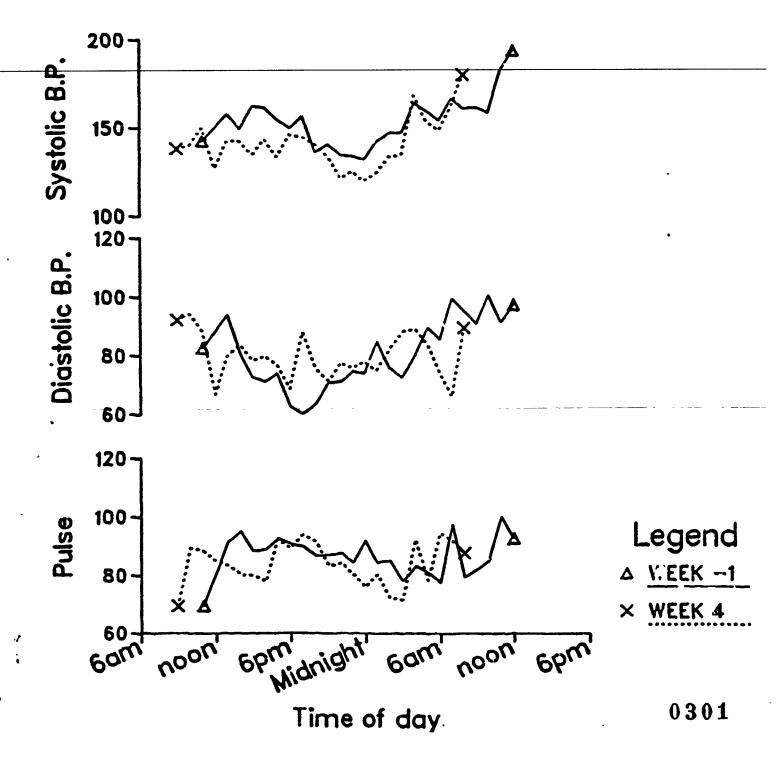
PN 200-110 Study #302 nmary of 24 hour ambulatory monitoring Patient 301 Treatment group is PN 200-110



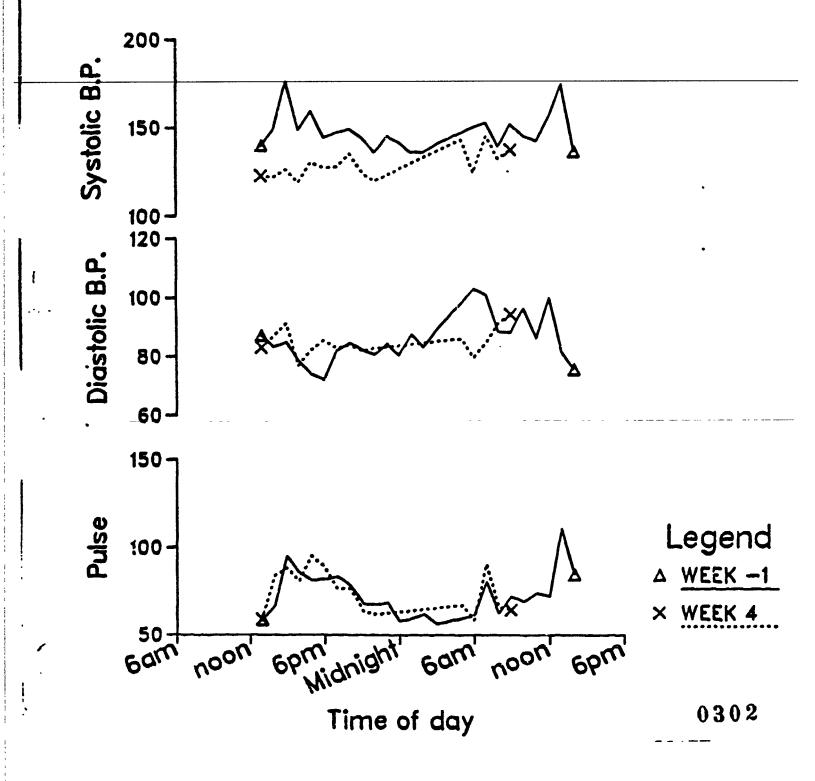
PN 200-110 Study #302 mmary of 24 hour ambulatory monitoring Patient 309 Treatment group is PN 200-110



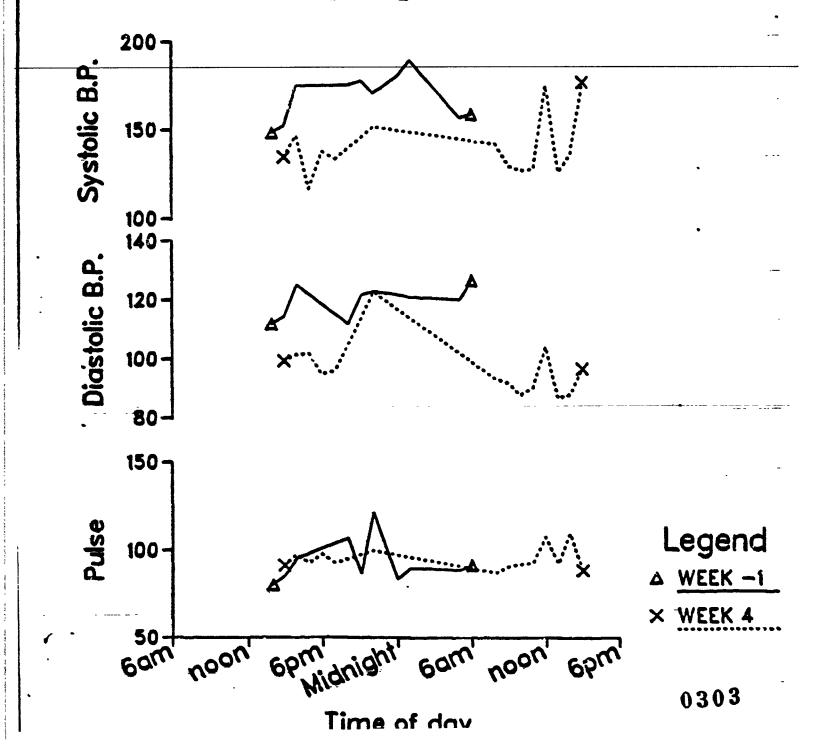
PN 200-110 Study #302 \_mmary of 24 hour ambulatory monitoring Patient 311 Treatment group is PN 200-110



PN 200-110 Study #302 mmary of 24 hour ambulatory monitoring Patient 351 Treatment group is PN 200-110



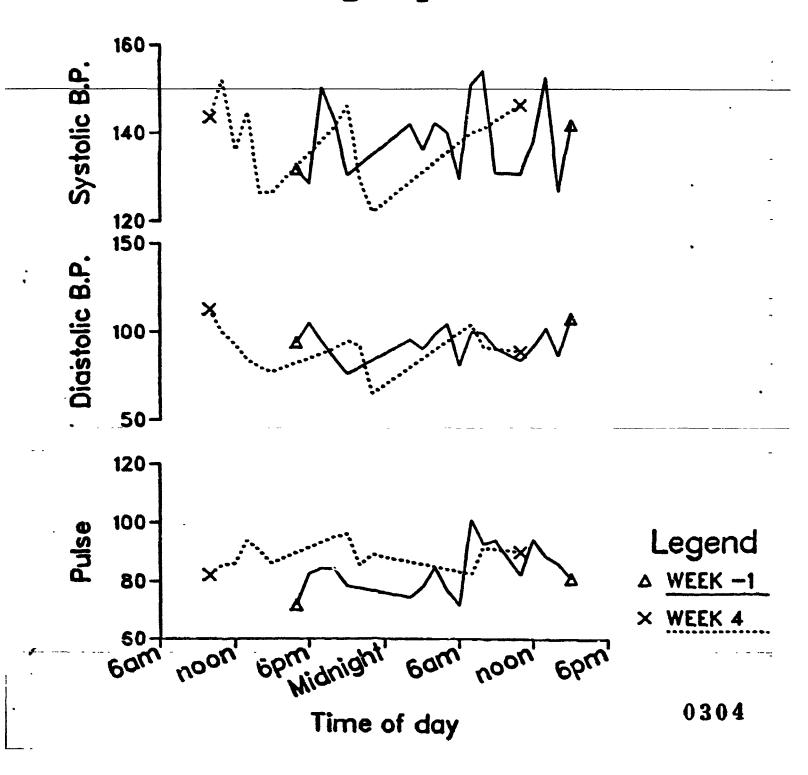
PN 200-110 Study #302 Lummary of 24 hour ambulatory monitoring Patient 355 Treatment group is PN 200-110



PN 200-110 Study #302

.nmary of 24 hour ambulatory monitoring
Patient 310

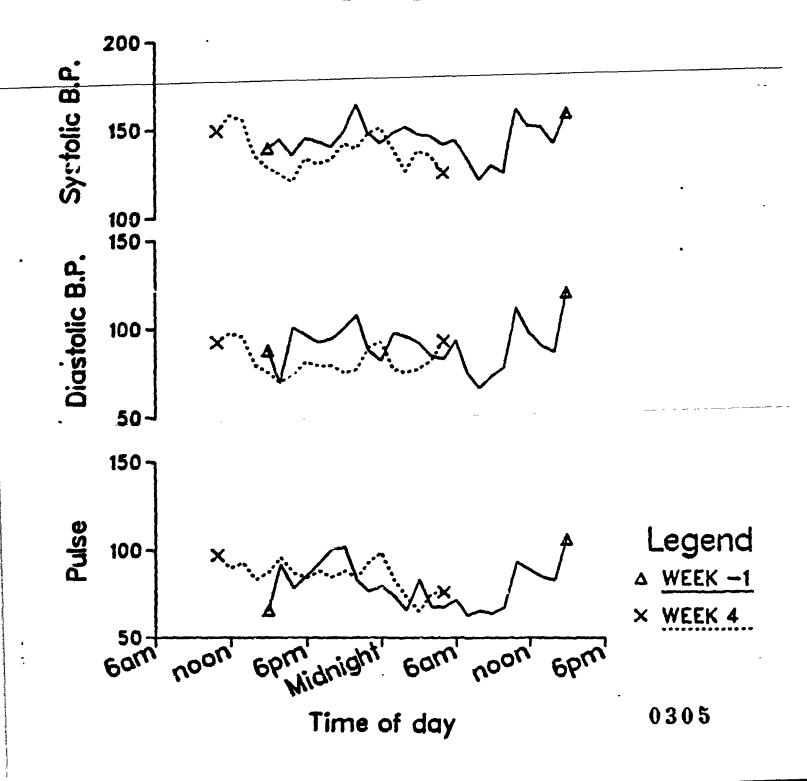
Treatment group is Placebo



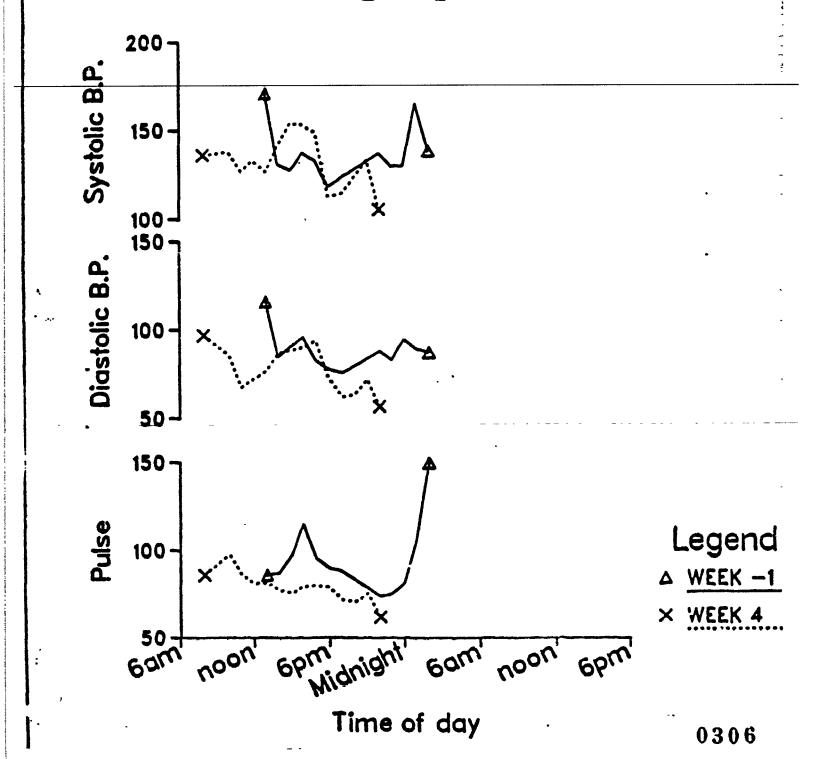
PN 200-110 Study #302

Inmary of 24 hour ambulatory monitoring
Patient 313

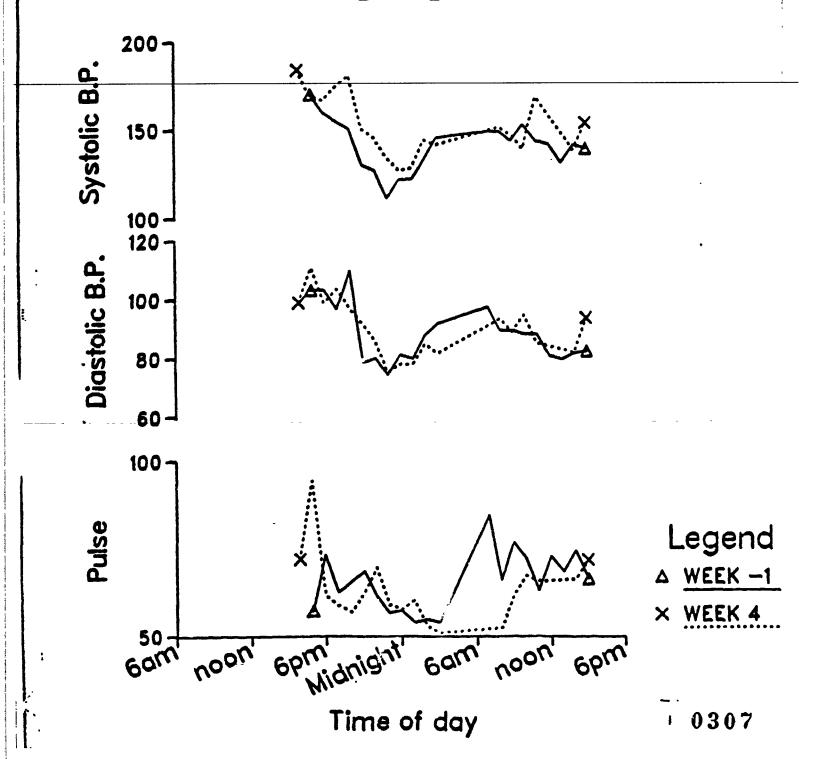
Treatment group is Placebo



PN 200-110 Study #302 nmary of 24 hour ambulatory monitoring Patient 352 Treatment group is Placebo



PN 200-110 Study #302 \_mmary of 24 hour ambulatory monitoring Patient 353 Treatment group is Placebo



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Title

The Multicenter Evaluation of the Safety and Efficacy of FN 200-110 in the Treatment of Hypertension Compared to Hydrochlorothiazide

#### Investigators

Walter M. Kirkendall, M.D. The University of Texas Health Science Center at Houston Houston, Texas

Hermes A. Kontos Medical College of Virginia McGuire V.A. Hospital Richmond, Virginia

Paul Simon, M.D. Long Island Jewish Medical Center Manhatten, New York.

Dates of Study:

May 23, 1984 to April 16, 1986.

Objective

To evaluate the safety and blood pressure lowering effect of PN 200-110 (PN) 5 - 10 mg bid, compared to hydrochlorothiazide (HCT) 25 - 50 mg bid, in patients with mild or moderate essential 2007 hypertension during a ten week period.

Design

This was a multicenter, randomized, double blind, HCT controlled

Outpay ents of either soxy is years and older, with a diagnosis.

of benign essential hypertension were eligible for the study. For entry into the double blind period, patients were required to? have a sitting diastolic blood pressure (SDBP) of > 95 mm Hg at end of placebo washoutriper od

A Control of the first of the engine of the second of the

Patients entered the 3 - 5 week placebo washout period, during which all previous antihypertensives were withdrawn. Sitting blood pressures were evaluated and, to qualify for study, patients were required to have a SDBP > 95 mm Hg on any two consecutive visits during this period. Placebo responders, defined as a continuous reduction in SDBP for each evaluation day of this period and a > 10 mm Hg decrease at end of period, and severe hypertensives SDBP > 120 mm Hg on two consecutive evaluation days, were excluded.

After completion of placebo period, qualified patients were randomized to either PN or HCT. Patients were stratified to groups > 95 - < 105 mm Hg and > 105 mm Hg. Medication was given as per schedule in Table 1; PN 5 mg bid or HCT 25 mg bid for 4 weeks. If average SDBP was > 90 mm Hg at end of week 4 or was > 110 mm Hg at end of week 2 or 3, dose was increased to PN 10 mg bid or HCT 50 mg bid for remainder of study (6 weeks). From week 5, the dose remained unchanged unless SDBP was more than 105 mm Hg, in which case dose was increased but could not exceed PN 10 mg bid or HCT 50 mg bid. Dose could be reduced in case of ADR.

#### Evaluations

Table 2 presents evaluation schedule. Patients were seen weekly and vital signs recorded. Special examinations performed for investigator's interest included plasma lipid profiles at Centers A and C and plasma renin activity and plasma aldosterone at Center A.

#### Results

A total of 98 patients entered double blind phase with Center A contributing 29%, Center B (two 1133 in Richmond) 31% and Center Call of total. A total of B 31 and 12 mindomized to 20 and 50 to HCL. There were 28 (16 3) and 12 mindomized to 20 and considered completely, and of shallysis. An additional 19 were partially valid and 6 were invalid for analyses. Four (two in each group) completed the study but were not valid as they had not satisfied entry criteria for blood pressure or compliance. Table 4 lists reasons for declaring to tents invalid a Table 5 summarazes, by center, illustration of the contribution.

The mean age of the patients was 53.9 years (24 - 74); 50 were male (54%); 40 (43%) were white, 48 (52%) black, 1 oriental and 3 "other". Mean duration of hypertension was 10.2 years. There was no statistically significant differences between the two treatment groups. Center C consisted of 77% white while other two centers were mainly black. Table 7 summarizes patient distribution by last week of study completed.

Mean daily dose of study drugs is shown in Table 8. Over fixed dose period (weeks 5 - 10), mean dose was 12.1 mg PN and 60.1 mg HCT. Dose was reduced for two patients during this period due to ADRs, fatigue (PN) and palpitations (HCT). Ten PN and 12 HCT were titrated to high dose during the study. Over 72% PN and 68% HCT were maintained on low dose for duration of active phase.

Table 9 lists dose for partially valid patients.

#### Interactions

Table 10 summarizes statistical significance of interactions from analysis of efficacy variables. It also displays efficacy results by investigator and treatment for weeks 5 - 10. There was a statistically significant treatment x time x investigator interaction for sitting diastolic blood pressure. Table 11 gives the per-timepoint analysis for this variable. None of the treatment x investigator interactions showed statistical significance for this analysis at any week.

#### Efficacy

Blood pressure data from all 98 patients were analyzed; 73 were valid patients and 19 partially valid. The data from 6, considered invalid, were included invali-patient endpoint analysis. Analyses were done within indicate an appoint as well as by catergorizing as provided to the proof summaries.

## Titration Weeks 1 4.

Tables 12 - 15 summarize results for weeks 1, 2, 3 and 4 of active treatment for valid and partially valid groups. SDBP results are summarized below.

Group

Fixed Dose Weeks 5 - 10

Tables 16 and 17 summarize results for this period for valid patients and valid plus partially valid respectively. Results of SDBP for valid patients was - 16.9 mm Hg (PN) and - 13.8 mm Hg (HCT). For endpoint analysis, the reductions were - 17.7 (PN) and - 12.9 mm Hg (HCT). Both drugs caused statistically significant reductions in SDBP compared to baseline with between group differences also being statistically significant.

The mean increase in pulse rates were 2 - 4 bpm for PN and was statistically significant from baseline and from HCT. Categorical analysis for valid patients is shown below.

Group	n =		Number (%) Pat	ients	
		1	2	<u>3</u>	4
PN	36	26 (72%)	3 (8%)	5 (14%)	2 (6%)
Placebo	37	17 (46%)	11 (30%)	7 (19%)	2 (5%)

Approximately 80% of PN and 76% HCT had at least a 10 mm Hg decrease in SDBP; but, 72% PN versus 46% HCT had a mean SDBP < 85 mm Hg over this period. Sponsor maintains that this shows PN to be more efective than HCT when used as monotherapy. The results are reasonably consistent across centers, except center C had fewer category 1 patients than the other centers. About 89% PN and 86% HCT had a mean SDBP < 90 mm Hg.

All Patients - Endpoint Analysis.

Jable 18 summarizes results for endpoint analyses for all patients irrespective of validity

Graphic Display Wall Patients

Figures 1 - 3 present changes from baseline, by center while figures 4 - 6 display mean changes from baseline for all valid patients. As may be seen, there is a reduction in blood pressure from baseline for all valid patients. As may be seen, there is a reduction in blood pressure from the reduction in blood pressure from the reduction in blood pressure.

There were no clinically significant changes in x-ray examinations. ECG changes are shown in Tables 23 - 25. There was a higher incidence of newly occurring abnormalities with PN than with HCT (50% v 38%). The most frequently reported events were sinus tachycardia, sinus bradycardia, sinus arrhythmia and ST and/ or T wave changes. PN patients exhibiting sinus tachycadia during the study, had a heart rate based on 88 - 100 bpm during placebo period. Those with bradycardia had a rate of 60 - 70 during placebo phase. Except for one patient (49 bpm), rate was at least 55 bpm. One PN was withdrawn due to atrial fibrillation. One PN had bigeminal rhythm at end of first week and was withdrawn due to palpitations.

#### Clinical Laboratory Tests

Table 27 presents results by center for hematology variables. Even though some of the results were statistically significant, they were not regarded as clinically significant. Table 28 presents urinalysis results and Table 29 chemistry. Variables that showed statistically significant mean changes from baseline in more than one center are: calcium, BUN, uric Acid, total protein, albumin, cholesterol, alkaline phosphatase, potassium, chloride and CO2. The changes normally expected from HCT were seen in this study. Changes by patient over time are presented in Tables 30, 32 and 34. There were no serious changes in SGOT or SGPT. Elevated alkaline phosphatase was recorded in 5 PN and 1 HCT patients.

#### Dropouts

Table 4 listed patients withdrawn from the study. A total of 10 PN and 11 PO withdraw during active phase. PN had 7 withdrawals due to 10 PN and 11 package. I myalgia/edema, 1 each atrial fabrille in ankl. dema dizziness and paintations. Five HCT withdraw. One PN who completed the study died of unknown causes 2 weeks later.

Special Evaluations.

Table 39 1 383 (334) 83 Armstall Pale 10 Armstall Pale 10

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<u>Week</u>	<u>PN</u>	<u>%</u>	<u>HCT</u>	<u>%</u>
1	10/48	21	16/50	32
2	10/46	22	14/48	29
3	15/46	33	10/48	21
4	15/45	33	11/47	. 23
5	10/43	23	12/47	26
<u>,</u> 6	12/43	28	7/45	16
7	3/40	8	8/43	19
8	7/39	18	8/42	19
9	7/39	18	8/41	20
10	4/37	11	6/39	15
Weeks 1 - 10	33/48	69	38/50	76

There were no statistically significant differences between groups. Table 42 lists ADR by patient. The ADRs listed as severe were (PN): diarrhea, vomiting, headache, pollakuria, gout, inflamed eyes, dizziness. For HCT, the severe reactions were: flu, weakness, urinary infection, increased platelets, hypokalemia, backache and fatigue. Headaches were reported as severe in 3 PN patients, 2 requiring withdrawal from study. Table 43 presents comparative data after adjustment for baseline.

The most commonly reported events were headache, dizziness, palpitations, edema and abdominal discomfort. There was a statistically significant difference for edema compared to HCT. Two of nine edema patients were discontinued from the study. Weakness and chest pain were more frequent with HCT and abdominal discomfort with PN.

#### Discussioon

Both study drugs caused significant reductions in blood pressure after one week treatment with further reductions as study progressed. The reductions with PN were greater than with HCT.

#### Reviewer's Comments

Comments similar to previous studies . What were results if analysed

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in orden. Nagger 1920 in die eine State in 1930 in 1930 en de 1934 in 1930 in 1934 in die eine de 1930 in die De 1935 en 1938 in 1938 in 1934 in 1935 in 193

TABLE 1

#### DOSAGE SCHEDULE

		Active Treatment <sup>+</sup>									
Treatment Group	Placebo Washout Weeks -3,-2,-1	Titration Period <sup>++</sup> Weeks 1, 2, 3, & 4	Plateau Period Weeks 5, 6, 7, 8, 9 & 10								
PN 200-110 Group	One, Pcb* cap bid Total Dose/Day	One, 5.0 mg PN 200-110 cap bid	One or two 5.0 mg PN 200-110 cap(s) bid 10-20 mg								
HCTZ** Group	One, Pcb* cap bid Total Dose/Day	One, 25 mg HCT2 cap bid 50 mg	One or two 25 mg HCTZ cap(s) bid 50-100 mg								

<sup>\*</sup>Pcb = Placebo

<sup>\*\*</sup>HCTZ = Hydrochlorothiazide

<sup>+</sup>Dose was administered a.c. before breakfast and supper.

<sup>++</sup>The dose was increased by one capsule bid (i.e., 5 mg PN 200-100 bid or 25 mg HCTZ bid) if the average sitting diastolic blood pressure was >90 mm Hg at the Week 4 evaluation, or at end of Weeks 2 or 3 if the average sitting diastolic blood pressure was >110 mm Hg or posed a hazardous state to the patient.

#### PH 200-110 STUDY ND. 303

#### FLOW CHART

			•					EMO	01		EK				
		51	ple-L	11me			Donas	19-911	nd:	Act Ive	Treets	word Pr	riod		
Evaluation	Initial	Plac	100 YE	shout	731	retio	Perle	•			Plat	leas Pr	rlod		
		-3	-2	-1 Time G	•	2	3	•	3	6	7		,	10 Final Evaluations	. 12 Fellow-up Evaluation
Background Information CRF BK, PM*	z														
Physical Exam CRF PE	x													<b>1</b> *	
Cardiovascular Evaluation CRF CV	×			×	X		х••	×	x	д	x**	x	100	ž•	
Patient Inclusion/Exclusion Criteria CRF IE				×											
Blood Pressure; Vital Signs CMF VS	×	2		*	X	x	×	x	2	x	x	×	×	х•	
Laboratory Evaluation (incl. urinelysis, CRE, plood chem.) CRF LAB	*			×	X1	g <sup>1</sup>	х¹ .	x	χ <sup>1</sup> .	x1	x	χ1	x¹	х•	х¹
ECG Evaluation CRF ECG	×			1	*		X**	×	1	200	z••	2	x**	х•	
Chest X-Ray CAF CX	27													x.	
thaleGlogic Examination				X11										д•	
Concomitant Medication CRF Ca	x							-	AS RE	QUIRED		<u></u>	£,		
Connent CRF CDH	×								AS RE	OUIRED	•				
Medication Check DAF MC		Z	1	X	×	×	x	X	X	×	×	X	X	х•	
Adverse Reaction CRF AR		*	2	x	X	×	×	x	X	X	x	x	λ	x•	
Lipoprotein Profile CRF LP Center A				x				×						×.	
Center C	, x	<u> </u>	1	×		×		X		x		×		×	
PRA, plasma aldusterone and 24 Hour Utine CRF LAB-3 Center A				X				x						x	
ind of Study Information CRF ES														x•	

<sup>\*</sup>Or upon discontinuation from the study.

. - - -

TA chest X-ray obtained within siz (6) eonths prior to the patient entering the trail may have served as baseline for the study and was not repeated at the initial visit provided that the chest X-ray was normal, or according to the investigator's judgment, any abnormality was considered minor and not clinically relevant and a clinical condition requiring a chest X-ray had not coursed during this interval. Otherwise, an X-ray was obtained.

TTThe Ophthaleologic examination was performed any time during the washout period but as close as possible to the Week -1, Time 0 \*\*
\*Evaluation completed only if down and increased during the washout interval.

<sup>\*</sup>Evaluation completed only if dose was increased during the present interval.

Ther function tests only: LDM, total bilirubin, SGDT, SGPT, alkaline pheaphatase, initiated during October and November 1984 study was in progress.

a report form identifiers.

TABLE 4 PM 200-110 STUDY NO. 303

## REASONS FOR DECLARATION OF PARTIAL VALIDITY OR INVALIDITY FOR EFFICACY ANALYSES

Treatment Group	Patient No.	Velid Through Neek	Week Discontinued	Meason for Discontinuation
PN 200-110	106	- PARTIAI 5	LLY VALID -	Headache - unrelated illness: Headache disappeared 3 wks. before stopping med. Pt. discontinued at patient's request, and was put on Piorinal® for migraine by private physician.
	118	3	3	Uncooperative
	152	8	8	Uncooperative
	204	5	6	Adverse Reaction - atrial fibrillation
	207	3	4	Adverse Reaction - ankle edema
	308	6	6	Patient left country
	312	1	1	Adverse Reaction - palpi .cion
	334	4	9	Adverse Reaction - myalgia and edema (patient took HCTZ during Week 5).
	341	3	4	Adverse Reaction - dizziness
BCTZ	120	- PARTIA	TA ANTID -	Uncooperative
	208	8	8	Abnormal labs SGOT increased (Screening - within normal limits) SGPT increased (Week 1)
	209	7	7	Study drug not effective
	228	8	9	Adverse Reaction - abnormal labs - BUN, Creatinine, Platelets increased (possib) related to diuretic therapy,
	251	3	3	Study drug not effective
	274	6	6	Chest Pain - unrelated illness Patient entered with stable exertional chest pain, which increased and persisted afte discontinuing HCTZ
	304	6	6	Patient left town
	309	5	5	Patient required prostate surgery
	324	8	9	Adverse Reaction - myalgia
	340	1	,	Patient left town

## TABLE 4 (Continued)

## PN 200-110 STUDY NO. 303

## REASONS FOR DECLARATION OF PARTIAL VALIDITY OR INVALIDITY FOR EFFICACY ANALYSES

Treatment Group	Patient No.	Valid Through Week	Week Discontinued	Reason for Discontinuation
PN 200-110	205	- IM Invalid	ALID -	Completed study but non-com- pliant (79% compliant)
	323	Invalid	1	Adverse Reaction - headache and only 57% compliant for
	338	Invalid	<del>-</del>	Week 1  Completed study but did not satisfy blood pressure entry requirements
		- DI	VALID -	
BCTZ	103	Invalid	-	Completed study but did not satisfy blood pressure entry requirements
	105	Invalid	1	' /erse Reaction - nausea/ weakness and was only 42% compliant during Week 1
	<b>1</b> 0.5	Invalid	-	Completed study but was non- compliant (78% of doses taken)

TABLE 5 PN 200-110 STUDY NO. 303

## DISTRIBUTION OF PATIENTS BY EFFICACY ANALYSES CLASSIFICATION AND CENTER

			Treatme		9-8-9						
nvestigator	Valid	PN 200-110 Perticity Valid	Invalid	Valid	HCTZ Pertially Valid	Invelid	velid	Total Partially Valid	Invalid	Total	
A	11	3	0	11	1	2	22	4	2	28	
8(MCV)*	4	2	1		3	1		5	2	1 15	
#{AY}#	7	0	O	6	2	0	1 13	2	0	15	
C	\$4	•	2	16	4	0	30	8	2	40	
fotel	36	9	3	37	10	3	73	19	6	96	

\*MCV - Medical College of Virginia
VA - McGuire VA Mospital

TABLE 7

PN 200-110 STUDY NO. 303

DISTRIBUTION OF PATIENTS BY STUDY WEEKS COMPLETED

Center	Treatment			Las	Last Study Week Completed										
Cencer	Group	1	2	3	4	5	6	7	8	9	10	Total			
	PN 200-110	0	0	1	0	0	1	0	1	0	11	14			
A	HCT2	1	0	0	0	0	1_	0	0	0	12	14			
	PN 200-110	0	0	0	1	0	1	0	0	0	5	7			
B(MCV)+	HCTZ	0	0	7	0	0	G	1	1	0	5	8			
2000	PN 200-110	0	0	0	0	0	0	0	0	0	7	7			
B(VA)+	HCT2	0	0	0	n	0	1	0	o	1	6	8			
	PN 200-110	2	0	0	;	0	1	0	0	2	14++	20			
С	HCTZ	1	0	0	0	1	1	U	0	1	16	20			
	PN 200-110	2	0	1	2	0	3	0	1	1	38	48			
Total	HCTZ	2	0	1	0	1	3	1	1	2	39	50			

<sup>\*</sup>Center B: MCV - Medical College of Vicginia VA - McGuire VA Hospital

<sup>++</sup>Patient No. 319 completed the trial, but no study data was obtained at the final evaluation visit (Week 10). The patient was considered a completely valid patient for analysis.

TAL PN 200-110 SIUDY NO. 303

## 'NEAN DAILY DOSE (MG) VALID PATIENTS

AEEK			ı	PN 200-110					HCYZ	CYZ			
	, <u>[</u>	N	Mean	S.D.	Mln	Hax.	N	Hean	S.D.	Min.	Max.		
Veck 1		36	9.99	0.65	8.57	12.14	37	49.98	3, 18	42.86	58.33		
Heek 2		35*	9.73	1.17	5.00	11.43	37	49.53	4.64	36,64	67.86		
Week 3	• {	36	9, 95	0.47	8.57	10.83	37	54.62	13.87	42.86	100.00		
Week 4	1	36	9.88	0.93	7.19	13.57	37	53.42	14.61	32,1	100.00		
Veek 5	. }	36	11.98	3.90	8.57	20.00	37	59.31	20.84	35.71	100.00		
Week 6		36	11.65	4.02	7.86	20.71	37	61.00	19.57	42.86	100.00		
Week 7	1	36	12.13	4.00	8.00	20.71	37	60.52	20.01	46.43	100.00		
Week 8		35**	12.15	4.20	5.00t	20.00	37	60.59	21.61	35.7111	100.00		
Veek 9		36	12.30	4.50	5.00t	20.00	37	61.40	22.49	25.0011	100.00		
Week 1	0	36	12.25	4.34	5.711	21.25	37	59.83	21.32	25.0011	100.00		
Veeks 5	-10	36	12.05	3.90	8.88	20.11	37	60.13	19.91	41,18	100.00		

<sup>\*</sup>Patient #232 missed the Week 2 visit.

<sup>\*\*</sup>Patient #230 missed the Week 8 visit.

The investigator reduced the dose regimen for Patient No. 329 to 1 capsule qd due to an adverse reaction (fatigue).

of the investigator reduced the dose regimen for Parient No. 330 to 1 capsule qd due to an adverse reaction (paintations).

TABLE 9 PN 200-110 STUDY NO. 303

#### MEAN DAILY DOSE (MG) VALID AND PARTIALLY VALID PATIENTS

		F	N 200-110			1		HCTZ		
AEEK -	N	Mean	s.o.	Min.	Max.	N	Hean	5.0.	Min.	Max.
Veck 1	45	9.85	0.85	7.14	12.14	47	49.73	3.69	34.09	58.33
Veek 2	43*	9.62	1.29	5.00	11.43	46	49.54	4.62	36.84	67.86
Veek 3	44	10.02	1.75	5.71	20.00	46	55.64	15.06	38.89	100.00
Veek A	42	10.13	1.78	7.19	20.00	45	53.92	15.12	32.14	100.00
Weak 5	40	11.98	3.82	8.57	20.00	44	62.28	22.73	<b>35.71</b>	100.0G
Verk 6	38	11.58	3.92	7.86	20.71	43	62.62	20.92	42.86	103.57
Week 7	37	12.07	3.96	8.00	20.71	41	60.86	20.42	37.50	100.00
Teek B	36**	12.13	4.14	5.00t	20.00	40	61.05	21.42	35.7111	100.00
Veek 9	36	12.36	4.50	5.00t	20.00	37	,61.40	22.49	25.0011	196.00
Week 10	36	12.25	4.34	5.71t	21.25	37	59.83	21.32	25.0011	100.00
Veeks 5-10	40	12.05	3.61	8.88	20.11	44	62.62	21.39	41.18	100.00

<sup>\*</sup>Patient No. 252 missed the Week 2 visit.

<sup>++</sup>patient No. 230 missed the Week 8 visit.

<sup>&</sup>quot;The investigator reduced the dose regimen for Patient No. 329 to 1 capsule qd due to an adverse reaction (fatigue). The investigator reduced the dose regimen for Patient No. 330 to 1 capsule qd due to an adverse reaction (palpitations).

PN 200-110 STUDY NO. 303
SUMMAY COMPARATIVE RESULTS FOR TREATMENT X TIME AND
TREATMENT X TIME X INVESTIGATOR I. TERACTIONS FOR THE PLATEAU PERIOD - VALID PATIENTS

Varl 40 le	Investigator	Baselin (Sample		Hean Ch From Base	_	Treatment X Investigator Interaction	•	twent X Time teraction	Trestment X Time X Investigator
		PM 200-110	HCTZ	PM 200-110	HCTZ	b-vajns		p-value	p-value
Sitting	A	146.5 (11)	149.6 (11)	-16.52	-23.45				•
Systolic B.P. (an Hg)	B (MCV)+	156.6 ( 4)	163.0 ( 4)	-29.02	-29.46	0.21		0.93	0.63
(	B (VA)+	150.7 ( 7)	150.5 ( 6)	-11.30	-25.08				
	С	140.2 (14)	144.1 (16)	-18.85	-15.30				
Sitting	A	100.1 (11)	101.6 (11)	-17.12	-16.39				
Diestolic B.P. (em Hg)	B (MCV)*	102.5 ( 4)	100.1 ( 4)	-22.33	-15.81	0.29		0.61	0.01
!	B (VA)+ "	101.4 ( 7)	98.3 ( 6)	-16.58	-15.11		}		
	С	98.0 (14)	95.1 (16)	-15.36	<b>410.98</b>				
Sitting Pulse	A	77.2 (11)	70.0 (11)	5. 18	6.64		}		
(beats/min)	B (HCV)+	85.5 ( 4)	75.E ( 4)	-1.13	-3.42	0.66	}	0. 10	0.98
	8 (VA)*	73.1 ( 7)	70.2 ( 6)	5.56	0.82				
	С	72.9 (14)	72.9 (16)	0.11	0.46				

\*MCV - Medical College of Virginia

VA - McGuire VA Hospital

## SUMMAY OF COMPANATIVE RESULTS FOR SITTING DIASKOLES BLOOD PRESSURE VALUE PATIENTS FER TIME POINT ANALYSIS DURING THE PLATENL FERIOD

	Gaselin	- Maria					Hean	Charge fi	ren Samulino o	t:			<del></del>		
Investigator	(Sample		Yeak	5	Verk 6		Vode	7	Yeak	•		Words 9		Vedic 10	
	At 200-110	HCTZ	PN 200-110	HEIZ	Fit 200-110	HETZ	PM 200-110	HCTZ	<b>FN 200-110</b>	HET	2	PM 200-110	HETZ	PM 200-110	HCTZ
A	100.1 (11)	101.6 (11)	-17.27	-17,64	-17.55	-17.64	-16.09	-17.27	-17,45	-15.	92	-14.00	-15.00	-16.36	-14.91
B (HCY)	102.5 ( 4)	100.1 ( 4)	-24.75	-14.36	-18.50	-13.88	-21.00	-13.50	-19.50	-14.	98 (	-22.00	-23.78	-20.25	-14.88
G (YA)	101.4 ( 7)	98.3 ( 6)	-13.14	-14,63	-15.93	-15.33	-14.57	-16.33	-14.17*	-16.	17 {	-23.29	-15.17	-16.57	-12.63
С	98.0 (14)	99.1 (16)	-17.18	-10.75	-14.68	-9.47	-14.79	-10.38	-15.14	-11.	<b>30</b>	-14.64	-12.72	-16.34*	-11. <b>9</b>
fotal	99.8 (36)	29.4 (77)	-17.26	-12.65	-16.27	-13.32	-15.63	-15.75	-14,20	-13.0	,	-10, 17	-14.97	-17.74	-12.96
p-Wiles for:				<del></del>									-		
Trestment Effect			0.0	057	0.0	076	0.:	252	0.1	143		6.0	146	0.0	X <b>O</b>
Investigator Effect	1	i	0.3	308	9.0	35	0.4	174	0.1	141		0.0	105	0.0	305
Treetment x Investi- getor Interaction	·		0.0	<b>)91</b>	0.9	504	0.;	239	0.4	500		0.4	19	0.1	<b>3</b> 7

\*n=6 \*\*n=15

TABLE 12

#### SUIMARY OF COMPARATIVE RESULTS FOR BLOOD PRESSURE AND PULSE

#### WEEK 1 - VALID AND PARTIALLY VALID PATIENTS

				9	eline				Trestment Period	
		Treatment		043	PAANS	Hean		Adjusted Mean		
	Yarishle	Group	N	Mean	5.0.	Change	S.D.	Changet	Hean	S.D.
150	tting stolic BP	PN 200-110	45	147.9	16.35	-14.1***	16.09	-14.6	133.8	12.03
	m Hg)	HCTZ	47	149.6	12.75	-16.1***	13.66	-15.6	133.5	14.39
	tting astolic BP	PN 200-110	45	100.5	4.21	-12.5***	7.95		38.0	8.41
1	m Hg)	HCTZ	47	100.4	4.70	-10.1***	7.40		90.3	9.03
	tting	PN 200-110	45	75.2	10.46	4.7***	8.74	4.9	79.9	12.14
	er min)	HCTZ	47	72.7	8.69	3.4**	7.77	3.2	76.1	10.71

(\*)p<.10, \*p<.05, \*\*p<.01, \*\*\*p<.001

tResults presented only when analysis of covariance assumptions were met.

TABLE 13

#### SUMMARY OF COMPARATIVE RESULTS FOR BLOOD PRESSURE AND PULSE

#### WEEK 2 - VALID AND PARTIALLY VALID PATIENTS

Variable	Trestment Group													Racia	line			Adjusted	Treat Per	
		N	Hean	5.9.	Mean Change	S.D.	Mean Changet	Hean	S.D.											
Sitting Systolic BP	PN 200-110	43*	146.8	15.68	-17.3***	14.28	-18.2	129.5	11.08											
(mm Hg)	HCTZ	46	149.8	12.79	-16.3***	14.72	-15.4	133.6	14.29											
Sitting Diastolic BP	PN 200-110	43*	100.3	4.23	-15.9***	7.63		84.4	7.49											
(mm Hg)	HCTZ	46	100.4	4.76	-19.0***	7,33		90.4	9.24											
Sitting	PN 200-110	43*	75.2	10.59	4.3**	8.82	4,7-	79.6	11.83											
'ulse per min)	HCTZ	46	72.5	8.88	1.7	8.77	1.3-1	74.2	10.15											

<sup>(\*)</sup>p<.10, \*p<.05, \*\*p<.01, \*\*\*p<.001

tResults presented only when analysis of covariance assumptions were met.

<sup>\*</sup>Patient #252 did not have a Week 2 visit.

TABLE 14

#### SUMMARY OF COMPARATIVE RESULTS FOR BLOOD PRESSURE AND PULSE

#### WEEK 3 - VALID AND PARTIALLY VALID PATIENTS

	Treatment Group							•					Basi	eline			Adjusted	Treat Per	
Variable		N	Heam	S.D.	Mean Change	S.D.	Hean Changet	Mean	5. D.										
Sitting	PN 200-110	44	147.5	16.43	-17.2***	17.51		130.5	9.73										
Systolic dP (mm Hg)	HCTZ	46	149.8	12.79	-18.5***	11.87		131.4	12.96										
Sitting	PN 200-110	44	100.5	4.24	-16.3***-	9.63		84.2	9.60										
Diastolic BP (mm Hg)	HCTZ	46	100.4	4.76	-12.2	6. 16		88.2	7.87										
Sitting	PN 200-110	44	75.4	10.52	5.1**	10.32	5.8-	8Q.5	11.56										
'ulse (per min)	HCTZ	46	72.5	8.88	3.1*	8.01	2.4—	75.6	6.98										

(\*)p<.10, \*p<.05, \*\*p<.01, \*\*\*p<.001

tResults presented only when analysis of covariance assumptions were met.

TABLE 15

#### SUMMARY OF COMPARATIVE RESULTS FOR BLOOD PRESSURE AND PULSE

#### WEEK 4 - VALID AND PARTIALLY VALID PATIENTS

Variable	Treatment Group													Base	:line			Adjusted	Treat Per	ment 1od
		N	Mean	S.D.	Mean Change	S.D.	Kean Changet	Hean	\$.D.											
Sitting Systolic BP	PN 200-110		147.8	16.81	-19.0***	17.15	-19.5	128.8	12.54											
(mm Hg)	HCTZ	45	149.4	12.67	-20.1***	14.16	-19.5	129.4	13.59											
Sitting Disstolic BP	PN 200-110	42	100.4	4.32	-16.8***	8.87		83.6	9.34											
(mm Hg)	HCTZ	45	100.0	4.18	-13.4***-	5.49		86.6	6.35											
Sitting bulse	PN 200-110	42	75.4	10.74	4.2**	7.70	4.6-	79.5	11.62											
'per min)	HCTZ	45	72.4	8.94	2.0	8.82	1.5-1	74.3	9.43											

(\*)p<.10, \*p<.05, \*\*p<.01, \*\*\*p<.001

fResults presented only when analysis of covariance assumptions were met.

TABLE 16

## SUMMARY OF COMPARATIVE RESULTS FOR BLOOD PRESSURE AND PULSE

#### VALID PATIENTS

#### PLATEAU PERIOD (VEEKS 5-10) NEAN VS. BASELINE

	Treatment Group			Bas	eline			Adjusted	Treat Per	
Variable			N	Hean	S.D.	yean Change	5.D.	Mean Changet	Mean	. S. D.
Sitting Systolic BP	PN 200-110	36	146.0	15.76	-17.8***	15.09	-18.7	128.2	11.11	
(mm Hg)	HCTZ	37	148.8	12.84	-20.8***	11.13	-19.9	128.C	10.21	
Sitting Diastolic BP	PN 200-110	36	99.8	4.02	-16.9***	6.35		82.9	5.54	
(sm Hg)	HCTZ	37	99.4	3.35	-13.8***	5.21		85.6	5.94	
Sitting ulse	PN 200-110	36	75.6	11.21	2.6(*)	7.76	3.2	78.2	10.83	
(per min)	HCTZ	37	71.9	7.79	1.9(+)	6.73	1.3	73, c	6.74	

(\*)p<.10, \*p<.05, \*\*p<.01, \*\*\*p<.001
tResults presented only when analysis of covariance assumptions were met.

TABLE 17

## SUMMARY OF COMPARATIVE RESULTS FOR BLOOD PRESSURE AND PULSE

#### VALID AND PARTIALLY VALID PATIENTS

#### ENDPOINT OF PLATEAU PERIOD (WEDES 5-10)

	Trestment Group			Base	eline			Adjusted	Treat Per		
Veriable						N	Hean	5.0.	Kean Change	S.D.	Hean Changet
Sitting Systolic BP	PN 200-110	40	148.0	17.19	-18.7***	17.02	-19.2	129.3	12.84		
(mm Hg)	HCTZ	44	149.4	12.82	-19.1000	13.01	-18.7	130.4	13.24		
Sitting Diastolic BP	PN 200-110	40	100.4	4.34	-17.7***	8.75	-17.6-	82.7	8.07		
(mm Hg)	HCTZ	44	100.0	4.22	-12.9**-	6.85	-13.0-	87.1	7.62		
itting	PN 200-110	40	75.6	10.67	4.2*-	10.46	4.6-	79.8	13.45		
(per min)	HCTZ	44	72.4	9.04	-0.5 -	8.36	-0.9-1	71.9	9.42		

<sup>(\*)</sup>p<.10, \*p<.05, \*\*p<.01, \*\*\*p<.001 TResults presented only when analysis of covariance assumptions were met.